Phone: 409) 797-3660

COMPLAINT FORM DEVELOPMENT SERVICES CODE ENFORCMENT DIVISION

Case No.:	Date Submitted:	
Referred to :		
Please Print or Type		
I. Complainant Information	Do you wish to remain anonymous?	[] Yes [] No
		()
Complainant Name		Telephone
		()
Mailing Address		Alternative Telephone and/or Fax
II. COMPLAINT INFORMATION		
Street Address/Location	(must be obtained prior to making complaint)	
Specifically state the complaint:		
III. DEPARTMENTAL RESPONSE:	Initial inspection date:	
	·	